


Patient Safety Institute of Medicine Quality Initiatives



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Board on Health Care Services
Institute of Medicine

IOM Quality Initiative



- PHASE I: Assess the State of Quality
- PHASE II: Raise Awareness and Develop a Strategic Plan
- PHASE III: Translate the Plan into Action

IOM Phase I: State of Quality



- 1996 – 1999
- Issued Reports documenting Quality Gap
 - National Roundtable on Quality, *The Urgent Need to Improve Health Care Quality* (JAMA, Sept. 1998)
 - National Cancer Policy Board, *Ensuring Quality Cancer Care*, 1999

Studies Documenting the “Quality Gap”

- Literature reviews conducted by RAND
 - Over 70 studies documenting quality shortcomings
- Large gaps between the care people should receive and the care they do receive
 - true for preventive, acute and chronic
 - across all health care settings
 - all age groups and geographic areas

(Schuster et.al., MMFQ,1998 ;updated 2000)

IOM Phase II: Quality of Care in America Project



- 1998 – 2001
- Charge: Establish a plan to achieve a *threshold* improvement in the quality of health care over the next ten years
- Chair: William C. Richardson, PhD
W. K. Kellogg Foundation

To Err Is Human: Building A Safer Health System



First Report

Committee on
Quality of Health Care
in America

To order: www.nap.edu

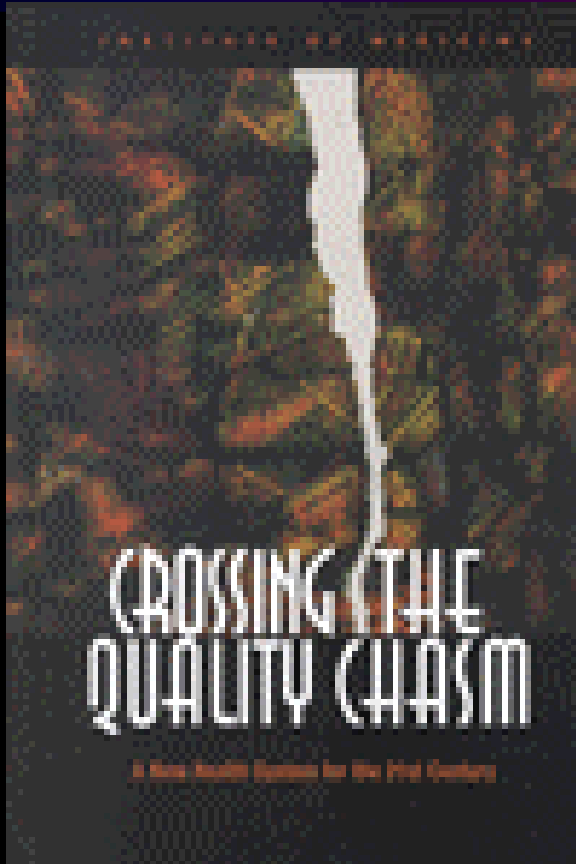
Response To Errors Report

- 51% of the American public closely followed the media coverage

(Kaiser Family Foundation, 2000)

- Congress appropriated \$50 million for AHRQ patient safety center
- DHHS Quality Interagency Coordinating Committee
- Leapfrog Group
- Many national associations taking action

Crossing the Quality Chasm



Second Report

Committee on
Quality of Health Care
in America

To order: www.nap.edu

Committee's Conclusion



The American health care delivery system is in need of fundamental change. The current care systems cannot do the job. Trying harder will not work. Changing systems of care will.

Phase III: Translate the Chasm Vision into Action



Changes Needed at 4 Levels

- Clinician and patient relationships
- Small practice settings (microsystems)
- Organizations
- Environment

Aims For Improvement



- Safe
- Timely
- Effective
- Efficient
- Patient-centered
- Equitable

What People Should Expect From The Health Care System (10 rules)

- **Safety:** The health system will be set up to prevent and reduce errors. If a mistake occurs, you will be notified and those responsible will apologize
- **Beyond Patient Visits:** Help will be available by face-to-face encounter, e-mail, telephone, and the Internet
- **Cooperation:** Your clinicians will coordinate their efforts with each other and with you
- **Science:** Your care will be based on the best available scientific knowledge

What People Should Expect From the Health Care System (con't)

- Individualization: Your clinicians will adapt to meet your needs and preferences
- Control: You are the source of control
- Information: Your medical record is yours to keep
- Anticipation: Efforts will be made to proactively help you restore and maintain your health

What People Should Expect From the Health Care System (con't)

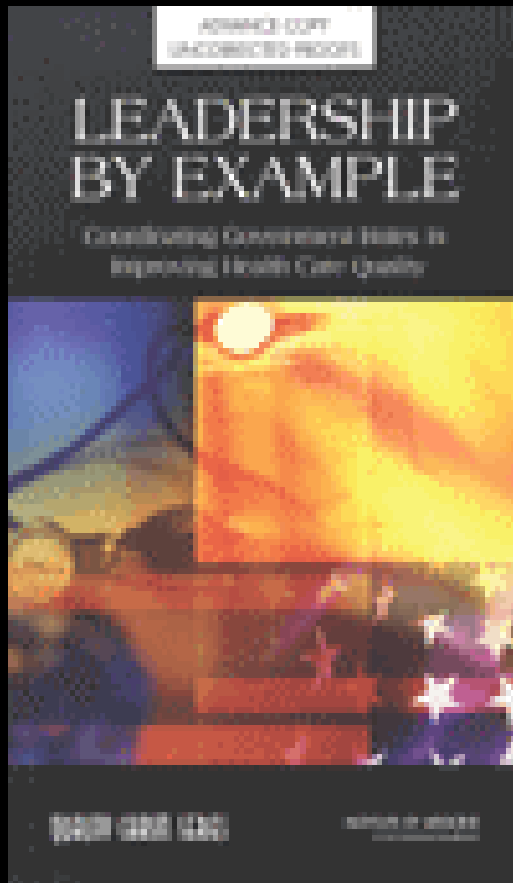
- Transparency: You are entitled to know what you wish to know about your care, including information about clinician performance, alternative treatment options, and costs of procedures
- Value: Your money and time will be valued, not squandered

Crossing the Quality Chasm calls for



“New environment for care” with payment incentives to encourage and reward innovation, precise streams of accountability and measurement reflecting quality achievements, and information and support to help engage consumers in understanding and interpreting information on quality and safety.

Leadership by Example: Coordinating Government Roles in Improving Health Care Quality



Committee on
Enhancing Federal
Health Care Quality
Programs

To order: www.nap.edu

FOCUS of IOM Committee



Analysis of federal government's quality enhancement processes under 6 Major Programs:

Medicare

Medicaid

SCHIP

VHA

DOD TRICARE

IHS

Government Health Care Programs



- Serve 100 million people;
1/3 of Americans
- \$513 billion;
40% of health care expenditures

Many Levers to Influence Quality



- Largest purchaser
- Most influential regulator
- Operates some of the largest delivery systems
- Sponsors applied health services research and demonstrations

Federal Leadership is Needed Now



The federal government should take maximal advantage of its unique position as regulator, health care purchaser, health care provider, and sponsor of applied health services research to set quality standards for the health care sector

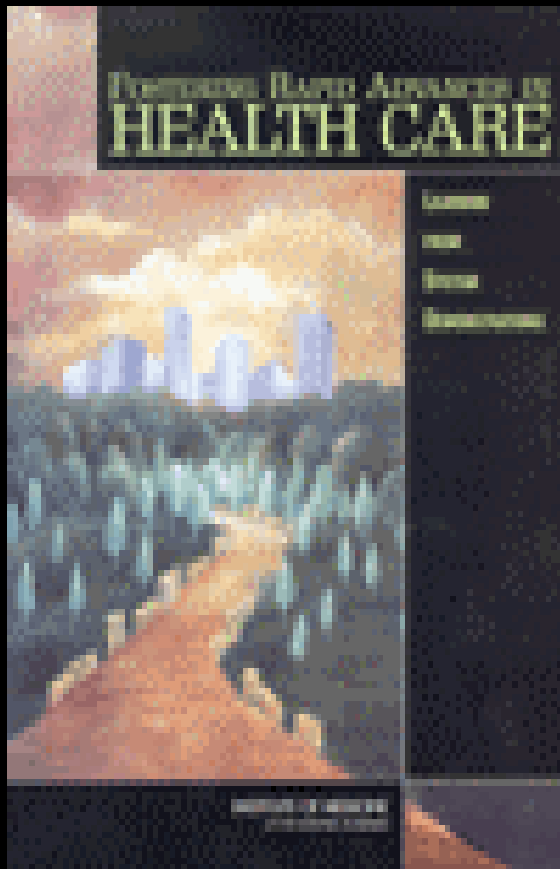
Translate the Chasm Plan into Action:

Next Steps



- Rapid Advance Demonstration Projects – November 2002
- Priority Areas – January 2003
- Health Professions Education – January 2003
- Information Technology Data Standards – September 2003

Fostering Rapid Advances in Health Care



Final Report

Committee on Rapid Advance Demonstration Projects

To order: www.nap.edu

Portfolio of Demonstration Projects



- Chronic Care Demonstrations: 10 – 12 communities
- Primary Care Demonstrations: 40 practice settings
- Information and Communications Technology: 8 – 10 states
- Health Insurance Coverage: 3 – 5 states
- Liability: 4 – 5 states

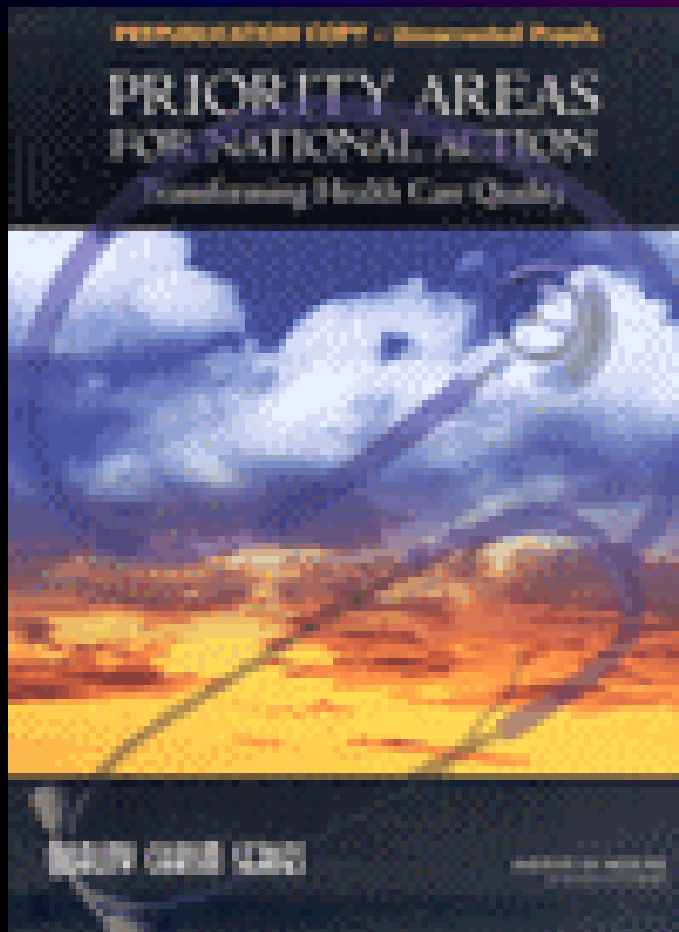
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Priority Areas for National Action: Transforming Health Care Quality



Committee on
Identifying Priority
Areas for Health Care
Quality

To order: www.nap.edu

Project Origin

- Crossing the Quality Chasm
 - *The Agency for Healthcare Research & Quality should identify no fewer than 15 priority conditions and should convene stakeholders to develop strategies, goals & action plans for achieving substantial improvements in quality in the next 5 years for each of the priority conditions*

Committee Task



- Establish and recommend a process
- Develop a set of criteria
- Identify no fewer than 15 priority areas that might serve as the focus of initial redesign efforts

Framework to Help Determine Priority Areas



- Preventive Care – “Staying Healthy*”
- Acute Care – “Getting Better*”
- Chronic Care – “Living with Illness and Disability*”
- Palliative Care – “Coping with End of Life*”
- Cross-Cutting Systems Interventions

* Foundation for Accountability

Criteria for Identifying Priority Areas



- Impact
- Inclusiveness
- Improvability

Criteria - Impact



- Extent of burden - disability, mortality and economic costs - imposed by a condition
- Includes the effects on patients, families, communities, and societies

Criteria - Inclusiveness



- Equity - relevance to a broad range of individuals related to race/ethnicity, age, gender, socioeconomic status, and geography
- Representative – across the full spectrum of health care (preventive, acute, chronic, and palliative)
- Reach – across a wide range of health care settings and engages many types of health care providers

Criteria - Improvability

- The existence of performance gap between optimal and current performance for the 6 aims identified in the “Quality Chasm” report (safe, effective, efficient, timely, patient-centered, and equitable)
- The availability of transformative tools (e.g. evidence based guidelines and performance metrics)
- Successful early efforts

Recommended Priority Areas: Cross-Cutting



- Care coordination
- Self-management and health literacy

Recommended Priority Areas



- Asthma: appropriate treatment for persons with mild/moderate persistent asthma
- Cancer screening that is evidence-based: focus on colorectal and cervical cancer
- Children with special healthcare needs
- Diabetes: focus on appropriate management of early disease

Recommended Priority Areas



- End of life with advanced organ system failure: focus on CHF/COPD
- Frailty associated with old age: preventing falls and pressure ulcers, maximizing function and developing advanced care plans
- Hypertension: focus on appropriate management of early disease
- Immunization: children and adults

Recommended Priority Areas



- Ischemic Heart Disease: prevention, reduction in reoccurring events, and optimization of functional capacity
- Major depression: screening and treatment
- Medication management: preventing medication errors and overuse of antibiotics
- Nosocomial infections: prevention and surveillance

Recommended Priority Areas



- Pain control in advanced cancer
- Pregnancy and childbirth: appropriate prenatal and intrapartum care
- Severe and persistent mental illness: focus in the public sector
- Stroke: early intervention and rehabilitation
- Tobacco dependence treatment in adults

Emerging Priority Area



- Obesity

Using the Priority Areas

- Patient
- Micro-system
- Organization
- Environment
- Safe, effective, efficient, timely, patient centered, equitable
- Knowledge-based, customized, cooperative
- HR, IT, Finance, Leadership
- Financing, regulation, accreditation, education

Priority Areas



From Levels within the Health Care System for Quality Improvement, Berwick (2002)

Priority Areas & Patient Safety Medication Management

- Adverse drug events
 - 7,000 deaths annually
 - \$136 billion per year
 - 50% preventable
- Inappropriate antibiotic use
 - 300% increase in penicillin-resistant *S. pneumoniae*
 - Children and elderly susceptible

Priority Areas and Patient Safety



- Frailty
 - Falls/injuries
 - Pressure ulcers
- Nosocomial infections
 - 88,000 deaths
 - \$4.5 billion
 - Guidelines and surveillance

Priority Areas and Patient Safety



- Diabetes
 - 210,000 deaths in 1999
 - \$98 billion
 - Interventions
 - HbA1c
 - Annual eye/foot exams
 - Biennial lipid testing
- Ischemic Heart disease
 - 513,758 deaths in 2000
 - \$112 billion
 - Interventions
 - Beta-blockers
 - Thrombolytic therapy
 - Angioplasty
 - ACE inhibitors
 - Aspirin
 - Lifestyle changes

Priority Areas and Patient Safety



- Preventive Services - errors of omission
 - Cancer screening
 - Immunization
 - Major depression
 - Obesity
 - Pregnancy and childbirth
 - Tobacco dependence

Next Steps - DHHS, AHRQ, and Others



- Develop national strategies for improving care in each of the 20 priority areas
- Implement the strategies
- Measure and assess their impact
- Review and update the list of priority areas every 3 to 5 years

Pulling it all together

1st Annual Crossing the Quality Chasm Summit

- Fall 2003
- 2-day Summit
- Objectives:
 - Develop Action Plans for Priority Areas
 - Assess progress on 10 year plan
 - Highlight Innovative Care Delivery Initiatives
 - Address Persistent Environmental Barriers

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Health Professions Education Summit



- Convened by IOM, June 17-18, 2002
- 150 national experts in health professions education, regulation, quality, health policy and industry
- Aim: to develop strategies to restructure health professional education to advance quality and to prepare health professionals to practice in the 21st century
- Report due: January 2003

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Information Technology Infrastructure



- Goal: Computer-based patient record by 2010
- Renewed national commitment to building a national health information infrastructure
 - Capital and financing issues
 - Standards
 - Leadership and workforce capacity

Information Technology Infrastructure



Standards – Numerous Initiatives

- Markle Foundation Connecting for Health
- Consolidated Health Informatics
- IOM Patient Safety Data Standards Project
- Wealth of standard setting bodies